



Privacy Authorization Form
Congressman Rich Nugent
Veterans Issue

Date: _____

Name: _____

Street Address: _____

City: _____ State: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____ E-mail: _____

Social Security #: _____ Date of Birth: _____

VA File #: _____ VA compensation rating: _____ %

Dates of Military Service: _____ Branch of Service: _____

PLEASE SUBMIT A COPY OF YOUR DISCHARGE PAPERS (DD-214)

Are you working with a County Veterans Service Office or Veterans Organization?
If so, what VSO office or Organization and who are you working with?

*I authorize Congressman Rich Nugent and his staff to contact appropriate agencies on my behalf.
This is to comply with the Privacy Act of 1974, which provides that as of September 27, 1975, disclosures
of information of a personal or confidential nature will no longer be permitted to third parties without the
written consent of the individual involved.*

Signature

Please Return To:

Member of Congress Rich Nugent

16224 Spring Hill Drive

Brooksville, FL 34604

Phone: (352) 799-8354 / Fax (352) 799-8776

Toll Free: 866-492-4835

<http://nugent.house.gov>

PLEASE EXPLAIN YOUR PROBLEM ON THE BACK OF THIS FORM

[illegible]

Designated Person	Relationship
Signature of Person requesting assistance	